

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213516416
1.) CORPORATION NAME: DUE DATE: 4/30/2013 Altarum Institute		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: SCC ID NO: F1467499 CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street RICHMOND, VA		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY		
4.) STATE OR COUNTRY OF INCORPORATION: MI		
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 3520 GREEN COURT SUITE 300 CITY/ST/ZIP: ANN ARBOR, MI 48105		
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.		
NAME: LINCOLN T SMITH TITLE: P/CEO ADDRESS: 3520 GREEN COURT STE 300 CITY/ST/ZIP/CO: ANN ARBOR, MI 48105	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DANIEL ARMIJO TITLE: VICE PRESIDENT ADDRESS: 3520 GREEN COURT, SUITE 300 CITY/ST/ZIP/CO: ANN ARBOR, MI 48105	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PATRICIA FERGUSON TITLE: SR VP ADDRESS: 3520 GREEN COURT, SUITE 300 CITY/ST/ZIP/CO: ANN ARBOR, MI 48105	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DOUGLAS GILBERT TITLE: VICE PRESIDENT ADDRESS: 3520 GREEN COURT, SUITE 300 CITY/ST/ZIP/CO: ANN ARBOR, MI 48105	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: GLEN GREENLEE TITLE: VICE PRESIDENT ADDRESS: 3520 GREEN COURT, SUITE 300 CITY/ST/ZIP/CO: ANN ARBOR, MI 48105	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: RYAN LAY TITLE: VICE PRESIDENT ADDRESS: 3520 GREEN COURT, SUITE 300 CITY/ST/ZIP/CO: ANN ARBOR, MI 48105	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

5.) STOCK INFORMATION		
<table style="width: 100%;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED	

NAME:	JAMES LEE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3520 GREEN COURT, SUITE 300		
CITY/ST/ZIP/CO:	ANN ARBOR, MI 48105		
NAME:	JESSE MILAN JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1200 18TH STREET NW, SUITE 700		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036		
NAME:	JEFFREY G MOORE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/S		
ADDRESS:	4401 FORD AVENUE, SUITE 800		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22302		
NAME:	MICHAEL POTTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/COO		
ADDRESS:	3520 GREEN COURT, SUITE 300		
CITY/ST/ZIP/CO:	ANN ARBOR, MI 48105		
NAME:	STEVEN TOWELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3520 GREEN COURT, SUITE 300		
CITY/ST/ZIP/CO:	ANN ARBOR, MI 48105		
NAME:	MARK A KIELB	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP/CFO		
ADDRESS:	3520 GREEN COURT STE 300		
CITY/ST/ZIP/CO:	ANN ARBOR, MI 48105		
NAME:	KAREN ALDRIDGE-EASON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3520 GREEN COURT, SUITE 300		
CITY/ST/ZIP/CO:	ANN ARBOR, MI 48105		
NAME:	DAVID J BROPHY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3520 GREEN COURT SUITE 300		
CITY/ST/ZIP/CO:	ANN ARBOR, MI 48105		
NAME:	RONALD GARDHOUSE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3520 GREEN COURT, SUITE 300		
CITY/ST/ZIP/CO:	ANN ARBOR, MI 48105		
NAME:	MAXINE HAYES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3520 GREEN COURT, SUITE 300		
CITY/ST/ZIP/CO:	ANN ARBOR, MI 48105		
NAME:	EDWARD MARTIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3520 GREEN COURT, SUITE 300		
CITY/ST/ZIP/CO:	ANN ARBOR, MI 48105		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARVIN MCKINNEY DIRECTOR 3520 GREEN COURT, SUITE 300 ANN ARBOR, MI 48105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY OUSLEY DIRECTOR 3520 GREEN COURT, SUITE 300 ANN ARBOR, MI 48105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALONZO PLOUGH DIRECTOR 3520 GREEN COURT, SUITE 300 ANN ARBOR, MI 48105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MARK A KIELB SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARK A KIELB, SVP/CFO PRINTED NAME AND CORPORATE TITLE	4/2/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			